

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Richard M Elbert	COURT CASE NUMBER 4:11-cv-00428-HFS
DEFENDANT Kansas City, Missouri, City of, et al.	TYPE OF PROCESS Summons, Amended Complaint, Order

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Police Officer Johnson Badge #2356 - KCMo Police Dept
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
615 E 13th Street, Suite 401, Kansas City, Mo 64106

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 1
Richard M Elbert 8113 Troost Kansas City, MO 64131	Number of parties to be served in this case 25/1
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	816-606-0713 02-28-12	

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 13 of 20	District of Origin No. 45	District to Serve No. 45	Signature of Authorized USMS Deputy or Clerk	Date 3/2/12
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 3/7/12 Time 1:36 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm Signature of U.S. Marshal or Deputy

Service Fee —	Total Mileage Charges including endeavors —	Forwarding Fee 8.00	Total Charges 8.00	Advance Deposits —	Amount owed to U.S. Marshal* or (Amount of Payment) 8.00 \$0.00
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REMARKS: 3/6/12-mailed Cert rtrn rcp't 2011 2 000 0001 4539 1048

3/8/12-rcvd rtrn rcp't signed dated 3/7/12

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	2011 2000 0001 4539 1048
Certified Fee		2012 MAR -6
Return Receipt Fee (Endorsement Required)		Postmark Here
Restricted Delivery Fee (Endorsement Required)		WES
Total		OF MIS
Send To	Kansas City Police Depar	
Street, or PO City, St	Attn: Officer Johnson Bad	
	615 E 13th St, Ste 401	
	Kansas City, MO 64106	

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kansas City Police Depar
Attn: Officer Johnson Bad
615 E 13th St, Ste 401
Kansas City, MO 64106

11-CV-0428-HFS

2. Article Number
(Tran: 2011 2000 0001 4539 1048) BLF

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Wolff* Agent Addressee

B. Received by (Printed Name) *Wolff* C. Date of Delivery *3-17-13*

D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540